Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

I. Request Information

A. The **State** of **Massachusetts** requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.

B. Waiver Title (*optional*): Acquired Brain Injury with Residential Habilitation (ABI-RH)

C. CMS Waiver Number: MA.40701

D. Amendment Number (*Assigned by CMS***):**

E.1 Proposed Effective Date: 09/01/2016

E.2 Approved Effective Date *(CMS Use):*

II. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

This amendment revises the service definition of Transitional Assistance and updates the unit type for Day Services. The cost estimates for Waiver Years 4 and 5 are updated accordingly.

III. Nature of the Amendment

A. Component(s) of the Approved Waiver Affected by the Amendment. This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently *(check each that applies):*

	Component of the Approved Waiver	Subsection(s)
☑	Waiver Application	Public Input, Attachment #2
☐	Appendix A – Waiver Administration and Operation	
☐	Appendix B – Participant Access and Eligibility	
☑	Appendix C – Participant Services	C-1/C-3, C-5
☐	Appendix D – Participant Centered Service Planning and Delivery	
☐	Appendix E – Participant Direction of Services	
☐	Appendix F – Participant Rights	
☑	Appendix G – Participant Safeguards	Quality Improvement
☑	Appendix I – Financial Accountability	I-2-a
☑	Appendix J – Cost-Neutrality Demonstration	J-1, J-2-c, J-2-d

B. Nature of the Amendment. Indicate the nature of the changes to the waiver that are proposed in the amendment *(check each that applies):*

☐	Modify target group(s)
☐	Modify Medicaid eligibility
☐	Add/delete services
☑	Revise service specifications
☐	Revise provider qualifications
☐	Increase/decrease number of participants
☑	Revise cost neutrality demonstration
☐	Add participant-direction of services
☑	Other (specify):
	The amendment makes a technical correction to a Quality Improvement Performance Measure in Appendix G.

IV. Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding this amendment is:

First Name:	Amy
Last Name	Bernstein
Title:	Director, Community Based Waivers
Agency:	MassHealth
Address 1:	One Ashburton Place
Address 2:	11th Floor
City	Boston
State	MA
Zip Code	02108
Telephone:	(617) 573-1751
E-mail	Amy.Bernstein@state.ma.us
Fax Number	(617) 573-1894

B. If applicable, the operating agency representative with whom CMS should communicate regarding this amendment is:

First Name:	Helen
Last Name	Quinn
Title:	Director, Waiver Management Unit
Agency:	Department of Developmental Services
Address 1:	500 Harrison Ave.
Address 2:	
City	Boston
State	MA
Zip Code	02118
Telephone:	(617) 624-7554
E-mail	Helen.Quinn@MassMail.State.MA.US
Fax Number	(617) 624-7578

V. Authorizing Signature

This document, together with the attached revisions to the affected components of the waiver, constitutes the State's request to amend its approved waiver under §1915(c) of the Social Security Act. The State affirms that it will abide by all provisions of the waiver, including the provisions of this amendment when approved by CMS. The State further attests that it will continuously operate the waiver in accordance with the assurances specified in Section V and the additional requirements specified in Section VI of the approved waiver. The State certifies that additional proposed revisions to the waiver request will be submitted by the Medicaid agency in the form of additional waiver amendments.

Signature: _____ **Date:**

State Medicaid Director or Designee

First Name:	Daniel
Last Name	Tsai
Title:	Assistant Secretary and Director of MassHealth
Agency:	Executive Office of Health and Human Services
Address 1:	One Ashburton Place
Address 2:	11th Floor
City	Boston
State	MA
Zip Code	02108
Telephone:	
E-mail	
Fax Number	(617) 573-1894

6. Additional Requirements

I. Public Input. Describe how the State secures public input into the development of the waiver:

~~Massachusetts submitted a Statewide HCBS Transition Plan on February 27, 2015 in response to the Centers for Medicare and Medicaid Services (CMS) March 17, 2014 final rule related to Medicaid long term services and supports provided in home and community-based settings. The state engaged in an extensive process to obtain public review and input of this plan, including: formation of stakeholder groups; convening an interagency workgroup to address the new federal HCB settings requirements; posting the state's draft Statewide HCBS Transition Plan on the MassHealth website; publication in multiple newspapers of the public input period and publication of an email and regular mail address for submission of comments; emailing a notice to several hundred people, including key advocacy organizations and the Native American tribal contacts, and conducting two public forums. The draft Statewide HCBS Transition Plan as well as these HCBS waiver amendments have been and continue to be discussed during the quarterly conference calls with the tribal representatives.~~

2015 Waiver Amendment:

Massachusetts outreached broadly to the public and to interested stakeholders to solicit input on this ABI-RH waiver amendment. The waiver was posted to MassHealth's website, and public notices were issued in multiple newspapers, including: the Boston Globe, Worcester Telegram and Gazette, and the Springfield Republican. In addition, emails were sent to several hundred recipients, which included key advocacy organizations as well as the Native American tribal contacts. The newspaper notices and email provided the link to the MassHealth website that includes the draft ABI-RH amendment, the public comment period, and, for anyone wishing to send comments, both email and mailing addresses. No written comments were received either through email or mail. In addition, feedback on this waiver amendment was solicited at the ABI/MFP/TBI Stakeholder Advisory Committee meeting, a community meeting involving waiver participants and from a group of waiver service providers. Overall feedback at these meetings was positive, no specific changes to the amendments were suggested.

2016 Waiver Amendment:

Massachusetts outreached broadly to the public and to interested stakeholders to solicit input on this ABI-RH waiver amendment. The waiver was posted to MassHealth's website, and public notices were issued in multiple newspapers, including: the Boston Globe, Worcester Telegram and Gazette, and the Springfield Republican. In addition, emails were sent to several hundred recipients, which included key advocacy organizations as well as the Native American tribal contacts. The newspaper notices and email provided the link to the MassHealth website that includes the draft ABI-RH amendment, the public comment period, and, for anyone wishing to send comments, both email and mailing addresses.

Massachusetts engaged in an extensive public input process in order to develop its Money Follow the Person demonstration grant application and continues to engage with stakeholders as it implements the demonstration. The ABI-RH waiver is a key component of the state's implementation of its MFP demonstration. Outreach by the Office of Medicaid (OOM), and the Massachusetts Rehabilitation Commission (MRC) began in 2010. Ongoing outreach continues through semi-annual MFP Stakeholder Meetings and on-going meeting with MFP contractors serving as MFP Transition Entities, demonstration service providers, and/or waiver service providers. The MFP Demonstration staff and staff associated with related waivers maintain a mailing list of over 200 interested persons and organizations. The list includes Native American Tribal contacts, and representatives from Advocacy Agencies, Human Service Provider Agencies, Community Support Providers, Aging and

Disability Resource Consortia (ADRC) partners (which include Independent Living Centers, Area Agencies on Aging/Aging Services Access Points), multiple State Human Service Agencies, and individuals with disabilities. The stakeholder meetings are well attended and provide positive feedback about the MFP waivers. Through the MFP Demonstration, EOHHS is now working with Transition Entity contractors to promote transition of MFP qualified individuals. These stakeholders have created a grass roots effort to outreach to potential MFP qualified individuals, and therefore to potential ABI waiver participants. Communication with and training opportunities for these entities, is on-going and includes extensive information about the ABI-RH and other waivers.

Since January 2011, MassHealth has outreached to and communicated with the Tribal governments about both the Money Follows the Person (MFP) Demonstration and related Waivers, including this ABI-RH waiver at each of their regularly scheduled tribal consultation quarterly meetings. The tribal consultation quarterly meetings have afforded direct discussions with Tribal government contacts about this amendment. The Tribal government contacts were also added to the MFP interested stakeholders e-mail distribution list so they receive regular notifications of all MFP stakeholder meetings. The tribal governments have not offered any comments or advice on the MFP Demonstration, or this waiver to MassHealth staff.

The state will continue to work with stakeholders and to obtain ongoing input from public forums about the ABI-RH waiver.

Attachment #2: Home and Community-Based Settings Waiver Transition Plan

Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.

Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.

To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)(6), and that this submission is consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.

Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.

Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-5. At the end of the state's HCB settings transition process for

this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.

Massachusetts Executive Office of Health and Human Services (EOHHS), the single State Medicaid Agency (MassHealth) convened an interagency workgroup to address how best to comply with the requirements of the federal Home and Community Based settings at 42 CFR 441.301 (c)(4)-(5). The Department of Developmental Services (DDS), an agency within EOHHS that has primary responsibility for day-to-day operation of the ABI-RH waiver, participated in the workgroup. All regulations, policies, standards, certifications and procedures have been reviewed against the Community Rule HCBS Regulations and necessary changes identified. Details are provided in the Systemic Assessment section of the Statewide Transition Plan (STP)

~~Participants in the ABI-RH Waiver live in 24 hour residential settings, including Residential Habilitation group homes, Assisted Living Residences (ALRs) and in homes or apartments with a Shared Living caregiver.~~

DDS conducted a review of existing residential settings in the ABI-RH and MFP-RS waivers to determine those settings that had a license and certification in good standing. For Assisted Living sites, where licensure is not applicable, the review determined whether they were credentialed in good standing. This review included development of a review tool that borrowed extensively from the CMS exploratory questions and review of settings by DDS Central Office, Regional and Area Office staff to categorize settings as compliant, requiring minor changes to comply, requiring more extensive changes to comply, or unable to comply. Based upon the DDS review and assessment, all the 24 hour residential settings serving participants in the MFP-RS and the ABI-RH waivers were determined to be in compliance with federal HCB settings requirements with the exception of consistently having locks on all individual participant's bedroom doors and legally enforceable leases. As the state is staking a system-wide approach to transitioning residential settings to compliance in these areas, details on remedial actions are provided in the Systemic Assessment section of the STP, and transition milestones are summarized in Table 3 of the STP.

As described in detail in the Statewide Transition Plan, DDS developed and distributed a survey to providers of day services in collaboration with the Massachusetts Rehabilitation Commission (MRC). DDS staff reviewed survey results along with site-specific program data for providers that contract with both DDS and MRC. Based on this review, it was determined that all of the day services providers that contract with both DDS and MRC require some level of modification to come into full compliance with the Community Rule. Details on remedial actions are provided in the Site-Specific Assessment section of the STP, and transition milestones are summarized in Table 3 of the STP.

As described extensively in the STP, the assessment process for group supported employment settings occurred against the backdrop of the state's existing Blueprint for Success, including Next Steps and Progress Reports associated with that document. DDS reviewed site-specific data across a range of group employment settings and determined that state-wide, all group employment settings that are licensed or certified by DDS require some level of modification to achieve full compliance with the Community Rule, particularly regarding policies or practices in one or more of the following domains: meaningful integration into the workplace; access to workplace amenities to the same degree as non-disabled workers; and assurance that individuals are earning at least the minimum wage. Details on remedial actions are provided in the Site-Specific Assessment section of the STP, and transition milestones are summarized in Table 3 of the STP.

~~In order to qualify as a provider of Assisted Living services ALRs must be certified in compliance with the Commonwealth's ALR rules at 651 CMR 12.00. These regulations establish ALRs as residential~~

~~environments with supportive services and not as medical or nursing facilities. They require Residency Agreements which provide protections from eviction, and include resident rights including the right to privacy, the right to visit with any person of her or his choice and "freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community." In addition the setting must meet the requirements as a Money Follows the Person qualified residence. As such, all ALRs meet the requirements in the HCBS Regulations.~~

~~Participants receiving Shared Living services may either live in their own homes or apartments, or in the home or apartment of the Shared Living caregiver. Homes or apartments owned or rented by waiver participants are considered to fully comply with the HCBS Regulations.~~

~~The assessment and compliance of Residential Habilitation group homes is addressed in the response to the following question.~~

~~Transportation services by definition assist the participant in engaging in waiver or other services in the community and in other community activities. As such this service is considered to be fully compliant with the HCBS Regulations.~~

~~Further review and assessment of the settings in which the following waiver services are provided is currently underway: Day Services, Prevocational Services and Supported Employment Services.~~

~~Additional details regarding the process used to review HCBS Settings types and whether they comply with the HCBS Regulations may be found in the Statewide Transition Plan submitted to CMS on February 27, 2015 and the Addendum to the Statewide Transition Plan currently under review and anticipated to be submitted to CMS shortly.~~

~~As indicated in Appendix C-5, concurrent with the systemic review of regulations, policies and procedures and provider qualification processes related to residential settings, the state embarked on a review, in conjunction with its providers, to assess whether 24 hour residential settings are in compliance with the Community Rule. This review included development of a review tool that borrowed extensively from the CMS exploratory questions and review of settings by DDS Central Office, Regional and Area Office staff to categorize settings as requiring minor changes to comply, more extensive changes to comply or unable to comply.~~

~~Based upon the DDS review and assessment, all the 24 hour residential settings serving participants in the MFP-RS and the ABI-RH waivers were determined to be in compliance with federal HCB settings requirements with the exception of consistently having locks on all individual participant's bedroom doors, legally enforceable leases, and certain policy areas that required revision to comply with the federal HCB settings requirements. These identified policy areas include: residential guidelines regarding visits by family members, significant others, friends and legal guardians; alcohol and drug abstinence policy; smoking policy; leave of absence policy; and telephone, cable and internet usage policy. DDS will phase in full compliance with these areas over a period of one year, and therefore anticipates full compliance by April 2016.~~

~~The 24 hour residential setting provider qualifications are reviewed through the DDS licensure and certification process on an on-going basis. All waiver providers will be subject to ongoing review on the schedule outlined in Appendix C of the waiver application.~~

~~Concurrent with the systemic review of regulations, policies and procedures and provider qualification processes, all providers of community based day support services have been sent a survey that incorporates questions that enable a provider to assess where they are in the continuum of outcomes necessary to meet the requirements of the Community Rule.~~

~~Survey data has not as yet been received. Once received, it will be aggregated, reviewed, and analyzed to determine any changes needed to fully comply with the requirements of the Community Rule. Data gleaned from the surveys will inform the existing Employment Work Group as well as a recently formed group of advocates, participants/family members, and other stakeholders regarding:~~

~~a. The development of definitions and standards for what constitutes a meaningful day service;~~

~~b. The incorporation of both qualitative and quantitative measures into the DDS licensure and certification process to ensure providers fully comply with the HCBS Regulations;~~

~~c. The modification of the MRC monitoring tool to reflect changes in program expectations and standards to ensure providers fully comply with the HCBS Regulations;~~

~~d. Systemic strategies to assist all community based day service providers to achieve the outcomes of the Community Rule including but not limited to technical assistance and staff development and training.~~

~~Findings will be validated through ongoing Licensure and Certification processes or, for those providers not subject to Licensure and Certification, through responses to a Request for Response (RFR) and ongoing program monitoring.~~ All waiver providers will be subject to ongoing review on the schedule outlined in Appendix C of the waiver application.

~~The state anticipates development of clear guidelines and standards that define day services, including what constitutes meaningful day activities, and how services and supports can be integrated into the community more fully. Technical assistance, training and staff development will be provided to assist providers in complying with the HCBS Regulations.~~

Individuals receiving services in settings that cannot meet requirements will be notified by the state agency providing case management. The case manager will review with the participant the services available and the list of qualified and fully compliant providers, and will assist the participant in choosing the services and providers, from such list, that best meet the participant's needs and goals.

For all settings in which changes will be required, DDS has instituted an on-going compliance review process to assure that the changes are monitored and occur timely and appropriately. This process will include consultation and support to providers to enable them to successfully transition, quarterly reporting by providers to update DDS on progress towards compliance, and reviews by designated Area, Regional and Central Office DDS staff to assure adherence to transition plans and processes.

All settings in which waiver services are delivered will be fully compliant with the HCBS Regulations no later than March 16, 2019. Additional information on transition milestones is provided in Table 3 of the STP.

~~Massachusetts outreached to the public to solicit input on this ABI-RH waiver amendment through multiple formats. The waiver was posted to MassHealth's website and newspaper public notices were issued in the Boston Globe (March 14, 2015), Worcester Telegram and Gazette (March 17, 2015), and the Springfield Republican (March 17, 2015). In addition, emails were sent on March 13, 2015 to several hundred recipients, which included key advocacy organizations as well as the Native American tribal contacts. The~~

~~newspaper notices and email provided the link to the MassHealth website that includes the draft ABI RH amendment, the public comment period, and, for anyone wishing to send comments, both email and mailing addresses. The waiver amendment was also discussed in the quarterly conference call with tribal representatives held on February 5, 2015.~~

Massachusetts ~~also~~ has engaged in an extensive process to obtain public review and input of ~~their HCBS~~the Massachusetts Statewide Transition Plan, as described in detail in the STP submitted to CMS in September 2016.~~including: formation of stakeholder groups; convening an interagency workgroup to address the new federal HCB settings requirements; posting the state's draft Statewide HCBS Transition Plan on the MassHealth website from October 15, 2014 through the close of the public comment period on November 15, 2014; publication in multiple newspapers of the public input period and publication of an email and regular mail address for submission of comments (published in the Boston Globe, Worcester Telegram and Gazette and Springfield Republican on October 15, 2014); emailing a notice to several hundred people (October 16, 2014), including key advocacy organizations and the Native American tribal contacts, and conducting two public forums (November 6, 2014 and November 12, 2014) at which oral comments were heard and noted.~~

~~The Addendum to the Statewide Transition Plan has been publicized in the same fashion: posted on the MassHealth website from May 15, 2015 through the close of the public comment period on June 18, 2015; publication in multiple newspapers of the public input period and publication of an email and regular mail address for submission of comments (published in the Boston Globe, Worcester Telegram and Gazette and Springfield Republican on May 18, 2015); emailing a notice to several hundred people (May 15, 2015 with a reminder email sent on June 8, 2015), including key advocacy organizations and the Native American tribal contacts, and conducting a public forum (June 1, 2015).~~

~~If a substantive change in the transition plan is indicated during the ongoing monitoring process, DDS along with MassHealth will revise the transition plan, provide public input opportunities and resubmit the Transition Plan for CMS approval.~~ The State is committed to transparency during both the STP planning and ~~phase and the~~ implementation phases to comply with the HCB settings requirements. If, in the course of monitoring activities, DDS determines that additional substantive changes to the Transition Plan are necessary, MassHealth and DDS will engage in activities that include: publication of draft plan for 30 days with the opportunity for public comments to be submitted to the agencies, as well as review/comment by the agencies on all input received.

The State assures that the settings transition plan included with this waiver amendment will be subject to any provisions or requirements included in the State's approved Statewide Transition Plan. The State will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to the waiver when the next amendment or renewal is submitted.

Appendix C-1/C-3: Summary of Services Covered and Services Specifications

Service Specification

Service Definition (Scope)**: Transitional Assistance –RH**

Transitional Assistance services are non-recurring personal household set-up expenses for individuals who are transitioning from a nursing facility or hospital or another provider-operated living arrangement to a community living arrangement where the person is directly responsible for his or her own set-up expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include: (a) assistance arranging for and supporting the details of the move; (~~a~~b) essential personal household furnishings required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; (~~b~~c) set-up fees or deposits for utility or service access, including telephone service; (~~c~~d) moving expenses; and, (~~d~~e) activities to assess need, arrange for and procure needed resources related to personal household expenses, specialized medical equipment, or community services. Transitional Assistance – RH services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process clearly identified in the service plan and the person is unable to meet such expense or when the services cannot be obtained from other sources. Transitional Assistance – RH services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Transitional Assistance – RH services include only those non-recurring set up expenses incurred during the ~~60~~ 180 days prior to discharge from a nursing facility or hospital or another provider-operated living arrangement to a community living arrangement or during the period ~~immediately~~ following such a transition during which the participant is establishing his or her living arrangement. Home accessibility adaptations are limited to those which are initiated during the ~~60~~ 180 days prior to discharge.

Transitional Assistance – RH services may not be used to pay for furnishing living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already providing.

Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☑	Provider managed	
Specify whether the service may be provided by *(check each that applies):*	☐	Legally Responsible Person	☑	Relative	☐ Legal Guardian

Provider Specifications

Provider Category(s) *(check one or both)***:**	☐	Individual. List types:	☑ Agency. List the types of agencies:
			Certified Corporate Business

Provider Qualifications

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Certified Corporate Business		Certified Business	Will meet applicable State regulations and industry standards for type of goods/services provided.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Certified Business	Massachusetts Rehabilitation Commission	Annually or prior to utilization of service

Appendix C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCB Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

The Massachusetts Executive Office of Health and Human Services (EOHHS), the single State Medicaid Agency, convened an interagency workgroup to address how best to comply with the requirements of the federal Home and Community Based (HCB) settings requirements at 42 CFR 441.301 (c)(4)-(5). The Department of Developmental Services (DDS), an agency within EOHHS that has primary responsibility for day-to-day operation of the ABI-RH waiver, was a member of the workgroup. ~~DDS undertook a review of all their regulations, standards, policies, licensing requirements, and other provider requirements to ensure compliance of settings with the new federal requirements, as they apply within this waiver. The ABI-RH waiver supports individuals in the community in 24 hour residential settings that include: Residential Habilitation, Assisted Living Services or Shared Living – 24 Hour Supports.~~

The DDS review and assessment process included: a thorough review of regulations, policies and procedures, waiver service definitions, provider qualifications and quality management and oversight systems to determine whether the systemic infrastructure was consistent with the principles of community integration; development of an assessment tool that borrowed substantially from the exploratory questions that CMS published; and review of existing ~~24 hour~~ residential and non-residential settings to determine if those settings met standards consistent with the federal HCB settings requirements~~; and an assessment of specific 24 hour residential settings that staff identified as potentially presumed to have the qualities of an institution~~.

Based upon the DDS review and assessment, all the 24 hour residential settings serving participants in the ABI-RH and the MFP-RS waivers were determined to be in compliance with federal HCB settings requirements with the exception of consistently having locks on all individual participant's bedroom doors and legally enforceable leases. ~~The State identified other policy areas that must be revised to ensure compliance with the federal HCB settings requirements, including: residential guidelines regarding visits by family members, significant others, friends and legal guardians; alcohol and drug abstinence policy; smoking policy; leave of absence policy; and telephone, cable and internet usage policy. DDS will phase in full compliance with these areas over a period of one year. Any modification of these requirements will be determined on an individual participant's needs and situation, and will be incorporated into that participant's Person Centered Plan as outlined in Appendix D.~~

The quality management systems described in the Systemic Assessment section of the STP are the mechanisms through which DDS will monitor providers' and settings' compliance with the HCBS settings rule. While providers are expected to have robust internal quality management and improvement processes, DDS staff—including licensure and certification surveyors, program monitors, and Area and Regional staff—conduct all reviews and monitoring. Should any of the ongoing monitoring indicate a need for a substantive change in the STP, DDS along with MassHealth will revise the STP, complete public input

activities, and resubmit the STP for CMS approval.~~The 24 hour residential setting provider qualifications are reviewed through the DDS licensure and certification process on an on-going basis. All waiver residential providers serving participants in this waiver, that DDS has fully licensed and certified, largely meet the standards established in the HCB settings requirements and, as noted above, will be fully compliant within one year. DDS will be working collaboratively with stakeholders to offer workshops and conferences to highlight practices to further enhance the individual participant's full access to community living and opportunities to receive services in the most integrated setting possible.~~

~~The outcomes identified in the federal HCB settings requirements apply to the following ABI-RH non-residential waiver services: day services, supported employment and pre-vocational services. The State continues to assess these settings and establish a timeline for full compliance (see Main Module Attachment #2).~~

Appendix G: Participant Safeguards

Quality Improvement: Health and Welfare

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. **Methods for Discovery: Health and Welfare**
The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. *(For waiver actions submitted before June 1, 2014, this assurance read "The State, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.")*

i. ***Sub-assurances:***

a. Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death. *(Performance measures in this sub-assurance include all Appendix G performance measures for waiver actions submitted before June 1, 2014.)*

i. **Performance Measures**

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:	Percent of participants receiving services subject to licensure and certification who know how to report abuse and/or neglect. (Number of participants receiving services subject to licensure and certification who know how to report abuse and neglect/ Number of individuals reviewed)		
Data Source (Select one) (Several options are listed in the on-line application):			
If 'Other' is selected, specify:			
~~Provider performance monitoring~~Service Coordinator Supervisor Tool			
	Responsible Party for data collection/generation (check each that applies)	**Frequency of data collection/generation:** (check each that applies)	**Sampling Approach** (check each that applies)

	☑ State Medicaid Agency	☐ Weekly	☐ 100% Review
	☐ Operating Agency	☐ Monthly	☑ Less than 100% Review
	☐ Sub-State Entity	☐ Quarterly	☑ Representative Sample; Confidence Interval = **95%**
	☐ Other Specify:	☑ Annually	
		☐ Continuously and Ongoing	☐ Stratified: Describe Group:
		☐ Other Specify:	
			☐ Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis (check each that applies	**Frequency of data aggregation and analysis:** (check each that applies
☑ State Medicaid Agency	☐ Weekly
☐ Operating Agency	☐ Monthly
☐ Sub-State Entity	☐ Quarterly
☐ Other Specify:	☑Annually
	☐ Continuously and Ongoing
	☐ Other Specify:

APPENDIX I-2: Rates, Billing and Claims

a. Rate Determination Methods. In two pages or less, describe the methods that are employed to establish provider payment rates for waiver services and the entity or entities that are responsible for rate determination. Indicate any opportunity for public comment in the process. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description are available upon request to CMS through the Medicaid agency or the operating agency (if applicable).

The rates for all ABI waiver services have been established by the Executive Office of Health and Health and Human Services (EOHHS) with the assistance of rate analysis from Center for Health Information and Analysis (CHIA). The rate development process starts with an analysis of available data that may include but not be limited to provider cost, labor and other economic market information, utilization and public agency spending data. A cost adjustment factor is added to account for projected inflation anticipated during the prospective rate period. If appropriate, the data is adjusted to reflect desired economic efficiencies, such as productivity expectations and administrative ceilings. The process includes at least one consultative session to receive input from service providers. In addition, EOHHS has a public hearing for all rate regulations it proposes. Before the public hearing date, there is a public notice that includes the hearing date, time, location and the proposed rates. The public is welcomed to comment in person and/or in writing.

EOHHS is in the process of reviewing the ABI waiver rates according to the process described above. As part of this process, EOHHS is considering consolidation of the ABI and MFP rate regulations into one HCBS rate regulation.

The ABI waiver rates can be found in EOHHS ABI waiver services regulations 114 CMR 54.00. The regulation can be found on the MassHealth website: http://www.mass.gov/eohhs/gov/departments/masshealth/.

For Residential Habilitation, Supported Employment, Day Services, Specialized Medical Equipment, and Transportation services the existing rates for ABI Waiver services established in EOHHS regulation at 114.3 CMR 54.00 was utilized. Occupational, Physical and Speech Therapy services, rates are established based on the comparable state plan Medicaid service rate as established by EOHHS. For other services, such as Assisted Living and Shared Living – 24 Hour Supports, CHIA developed new rates, as outlined above including utilizing an amalgamation of existing rates for comparable service components based on projected units per week, and analysis of provider cost data to establish the rate. Rates for Transitional Assistance - RH services are based on the reasonable, allowable costs of goods and services provided. All costs that are not eligible for federal financial participation, such as room and board, are excluded from the rate computation.
~~All costs that are not eligible for federal financial participation, such as room and board, are excluded from the rate computation.~~

The ABI case manager will inform the participant of the availability of information about waiver services payment rates and the EOHHS ABI waiver service regulations.

Appendix J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

Composite Overview. Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2d have been completed.

Level(s) of Care *(specify)*:	Hospital, Nursing Facility						
Col. 1	**Col. 2**	**Col. 3**	**Col. 4**	**Col. 5**	**Col. 6**	**Col. 7**	**Col. 8**
Year	**Factor D**	**Factor D′**	**Total: D+D′**	**Factor G**	**Factor G′**	**Total: G+G′**	**Difference (Column 7 less Column 4)**
1	117845.68	16909.80	134755.48	130022.54	37513.12	167535.66	32780.18
2	135345.87	19655.84	155001.71	150944.53	43549.38	194493.91	39492.20
3	144630.42	21355.76	165986.18	163803.90	47259.47	211063.37	45077.19
4	~~153166.29~~ 155,943.95	22642.75	~~175809.04~~ 178,586.70	173482.45	50051.85	223534.30	~~47725.26~~ 44,947.61
5	~~161765.70~~ 163,143.41	23824.21	~~185589.91~~ 186,967.62	183769.10	53019.68	236788.78	~~51198.87~~ 49,821.15

c. Derivation of Estimates for Each Factor. Provide a narrative description for the derivation of the estimates of the following factors.

i. Factor D Derivation. The estimates of Factor D for each waiver year are located in Item J-2-d. The basis for these estimates is as follows:

Factor D costs are based on the following:

Number of Users:

The estimated number of users for Day Services, Transportation and Specialized Medical Equipment are based on actual utilization for the ABI-RH waiver in Waiver Year 2. Estimates are based on Waiver Year 2 data where possible, since Waiver Year 1 was a start up year with a very small number of participants utilizing services for part of the waiver year. We are adding two new residential service options in this renewal: Assisted Living Services and Shared Living-24 Hour Supports. We estimate that 5% of waiver participants will choose Assisted Living Services and 5% will choose Shared Living-24 Hour Supports. Therefore we adjusted the

estimated number of users for the Residential Habilitation service to 90% of waiver participants. The estimated number of users for Physical Therapy, Occupational Therapy, and Speech Therapy reflect a mid-point between actual utilization to date and original projections. Actual utilization for these services has been lower than originally projected which we believe may be due to program ramp up. Based on the clinical needs of this population we anticipate that utilization may increase over time. The estimated number of users for Supported Employment is the same as the original projections for this waiver, although there has been minimal utilization of this service in Waiver Years 1 and 2. We assume that actual utilization is low to date due to program ramp up and that utilization may increase over time. The estimated number of users for Transitional Assistance is the same as the original projections for this waiver, which is similar to actual utilization to date.

Average Units per User:

The average units per user for Day services is based on the actual average units per person for this waiver reported in the most recent CMS-372 Report (Waiver Year 4) with conversion from per diem to 15 minute units. The average units per user for ~~Day Services,~~ Transportation and Specialized Medical Equipment are based on the actual average units per person for this waiver in Year 2. Estimates are based on Waiver Year 2 data where possible, since Waiver Year 1 was a start up year with a very small number of participants utilizing services for part of the waiver year. The average units per user for Residential Habilitation, Assisted Living Services and Shared Living-24 Hour Supports are 365 days, based on actual utilization of the Residential Habilitation service for full year waiver participants. The average number of units per person for Physical Therapy, Occupational Therapy, Speech Therapy, and Supported Employment are based on the original projections for this waiver, since there has been limited utilization for these services due to program ramp up and we expect that utilization will increase over time. The average unit per user for Transitional Assistance is one episode, based on original projections and experience to date.

Average Cost per Unit:

Rates established by the Commonwealth for waiver services are used where applicable. The average cost per unit for the following services are based on Rates for Acquired Brain Injury Waiver and Related Services 114.3 CMR 54.00: Residential Habilitation, Day Services, Occupational Therapy, Physical Therapy, Speech Therapy and Supported Employment. As part of the rate review process for this waiver, EOHHS anticipates transitioning from per diem rates to 15-minute units in Day Services. The average cost per unit for Residential Habilitation reflects a weighted average of Level 1 and Level 2 rates based on experience to date with the ABI-RH waiver. The Commonwealth proposed rates for Money Follows the Person Waiver Services are used for Assisted Living Services and Shared Living-24 Hour Supports. The average cost per unit for Shared Living-24 Hour Supports reflects an average of Level 1 and Level 2 proposed rates for this service. The average cost per unit for Specialized Medical Equipment and Transportation reflect the actual average cost per unit across ABI-RH and the Acquired Brain Injury Non-Residential Habilitation (ABI-N) waiver MA.40702 in Waiver Year 2. The average cost per unit for Transitional Assistance is estimated at $5,000 per episode, in keeping with original projections for this waiver.

Trend:

Average costs per unit described above are trended forward by 3.7% annually, beginning in Waiver Year 2, based on the Consumer Price Index (CPI).

Appendix J-2: Derivation of Estimates

d. Estimate of Factor D. *Select one:* Note: Selection below is new.

●	The waiver does not operate concurrently with a §1915(b) waiver. Complete Item J-2-d-i
○	The waiver operates concurrently with a §1915(b) waiver. Complete Item J-2-d-ii

i. Estimate of Factor D – Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

	Waiver Year: Year 4					
Waiver Service / Component	Col. 1	Col. 2	Col. 3	Col. 4		Col. 5
	Unit	**# Users**	**Avg. Units Per User**	**Avg. Cost/ Unit**	**Component Cost**	**Total Cost**
Residential Habilitation	Per Diem	375	329.00	433.74	53,512,672.50	53,512,672.50
Supported Employment	15 min.	13	750.00	9.55	93,112.50	93,112.50
Assisted Living Services	Per Diem	20	329.00	116.57	767,030.60	767,030.60
Day Services Total						5,475,176.91
Day Services – Per diem	Per Diem	~~209~~279	~~180.00~~ 119.00	114.75	~~4,316,895.00~~ 3,809,814.75	~~4,316,895.00~~
Day Services – 15 min.	15 min.	279	1,428.00	4.18	1,665,362.16	
Occupational Therapy	Visit	104	47.00	79.39	388,058.32	388,058.32
Physical Therapy	Visit	104	47.00	76.17	372,318.96	372,318.96
Shared Living - 24 Hour Supports	Per Diem	21	329.00	190.67	1,317,339.03	1,317,339.03
Specialized Medical Equipment	Item	163	3.00	252.32	123,384.48	123,384.48
Speech Therapy	Visit	104	47.00	81.28	397,296.64	397,296.64
Transitional Assistance - RH	Episode	86	1.00	5,575.79	479,517.94	479,517.94
Transportation	One-way trip	209	311.00	32.35	2,102,717.62	2,102,717.62
GRAND TOTAL:						~~63,870,343.62~~ 65,028,625.53
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)						417
FACTOR D (Divide grand total by number of participants)						~~153,166.29~~ 155,943.95
AVERAGE LENGTH OF STAY ON THE WAIVER						329

	Waiver Year: Year 5					
Waiver Service / Component	Col. 1	Col. 2	Col. 3	Col. 4		Col. 5
	Unit	**# Users**	**Avg. Units Per User**	**Avg. Cost/ Unit**	**Component Cost**	**Total Cost**
Residential Habilitation	Per Diem	462	335.00	449.79	6,9613,998.30	6,9613,998.30
Supported Employment	15 min.	15	764.00	9.90	113,454.00	113,454.00
Assisted Living Services	Per Diem	25	335.00	120.88	1,012,370.00	1,012,370.00
Day Services Total						6,334,037.60
Day Services – Per diem	Per Diem	~~257~~ 0	~~184.00~~	~~119.00~~	~~5,627,272.00~~	~~5,627,272.00~~
Day Services – 15 min.	15 min.	344	4,405.00	4.18	6,334,037.60	
Occupational Therapy	Visit	128	48.00	82.33	505,835.52	505,835.52
Physical Therapy	Visit	128	48.00	78.99	485,314.56	485,314.56
Shared Living - 24 Hour Supports	Per Diem	26	335.00	197.72	1,722,141.20	1,722,141.20
Specialized Medical Equipment	Item	200	3.00	261.66	156,996.00	156,996.00
Speech Therapy	Visit	128	48.00	84.29	517,877.76	517,877.76
Transitional Assistance - RH	Episode	86	1.00	5,782.09	497,259.74	497,259.74
Transportation	One-way trip	257	317.00	33.55	2,733,284.95	2,733,284.95
GRAND TOTAL:						~~82,985,804.03~~ 83,692,569.63
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)						513
FACTOR D (Divide grand total by number of participants)						~~161,765.70~~ 163,143.41
AVERAGE LENGTH OF STAY ON THE WAIVER						335

State:	
Effective Date	